

NON-RECURRING ADOPTION ASSISTANCE AGREEMENT

This adoption assistance agreement, effective on _____ (MMDDYY), by and between the Kansas Department for Children and Families, (hereinafter referred to as DCF),
And _____ (hereinafter referred to as the Adoptive parents) is for the purpose of facilitating the legal adoption of:

_____ born on _____ and currently placed in the adoptive home.

DCF enters into this agreement with the adoptive parents based on the following:

1. Documentation has been received that the child cannot or should not be returned to the home of the parents (attach relinquishment or consents to adopt);
2. Documentation has been provided the child meets the states definition of a child with special needs, in that there exists with respect to the child a specific factor or condition which makes it reasonable to conclude the child cannot be placed with adoptive parents without assistance: (physical, developmental, emotional or behavioral disability, age 12 or older, member of a sibling group, or guarded prognosis) Attach medical reports or other documents.
3. Child is being placed for adoption in accordance with all applicable state laws (attach copy of adoptive placement agreement or petition to adopt, ICPC form if applicable) Adoption is scheduled to be finalized on _____ (mmddy).
4. Child meets the definition of a Kansas child in that the child has special needs, is being adopted in Kansas and does not receive adoption assistance from another state.
5. Amount of reimbursement has been determined through a mutual discussion between the adoptive family and a DCF representative. No income eligibility requirements have been applied (means test).
6. The amount of reimbursement shall not exceed \$2000.00. Amount of reimbursement will be based on reasonable and customary rates for the established expense.

DCF agrees to reimburse the adoptive family for expenses related to the finalization of the adoption. Reimbursement will be made upon receipt of the final decree of adoption and receipts or bills for actual expenditures incurred.

The following describes the type and amount of the proposed reimbursement:

Type of Expense	Amount
Total	

The adoptive parent(s) understand reimbursement will not be made if the adoption is not finalized. The adoptive parent(s) agree to:

1. Submit a copy of the final decree of adoption.
2. Submit attorney bills and other receipts or verifications of expenditures.
3. Ensure attorneys bills are paid upon receipt of the reimbursement.

Adoptive parent's signature: _____ Date: _____	Adoptive parent's signature: _____ Date: _____
Street Address: _____	City _____ State _____ Zip _____
DCF Adoption Assistance Expert _____ Date: _____	DCF Supervisor _____ Date: _____
DCF Office Street Address: _____	City _____ State _____ Zip _____

Signed copy of this agreement given/sent to the adoptive parents on: _____ (MMYYDD).

THIS FORM USED IN FAMILIES APPLYING FOR NON-RECURRING ONLY.

A copy shall be given to the family and a copy placed in the agency file.

